

STATE OF IDAHO
DIVISION OF BUILDING SAFETY
**APPLICATION FOR MANUFACTURED HOME SERVICE COMPANY
RESPONSIBLE MANAGING EMPLOYEE LICENSE***
In Accordance With Idaho Code IDAPA Title 3 Chapter 11

FULL NAME _____

RESIDENCE ADDRESS _____

CITY/ STATE/ ZIP CODE _____

TELEPHONE # _____ SOCIAL SECURITY NUMBER _____

NAME OF FORMER EMPLOYER _____

(If Manufactured Home Dealer, Installer, or Service Company)

FORMER EMPLOYER ADDRESS _____

PLEASE MAKE FEE PAYABLE TO THE DIVISION OF BUILDING SAFETY IN THE AMOUNT OF \$45 AND MAIL TO:

DIVISION OF BUILDING SAFETY
MANUFACTURED HOUSING SECTION
1090 E WATERTOWER MERIDIAN, ID 83642

I DESIRE TO ACT AS A RESPONSIBLE MANAGING EMPLOYEE FOR A MANUFACTURED HOME SERVICE COMPANY IN THE STATE OF IDAHO. I DO SOLEMNLY SWEAR (OR AFFIRM) THAT THE STATEMENTS CONTAINED IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND THAT THE DIVISION OF BUILDING SAFETY MAY INVESTIGATE THE MATTERS WHICH I HAVE STATED IN THIS APPLICATION AND, BY MY EXECUTION HEREOF, I CONSENT TO ALLOW ANY PERSONS OR ENTITIES CONTACTED TO DISCLOSE INFORMATION TO THE DIVISION OF BUILDING SAFETY. I (HAVE) _____ OR (HAVE NOT) _____ PREVIOUSLY BEEN DENIED OR HAD REVOKED A RESPONSIBLE MANAGING EMPLOYEE LICENSE IN THIS OR ANY OTHER STATE. (IF YOU HAVE HAD A LICENSE DENIED OR REVOKED, PLEASE PROVIDE A WRITTEN STATEMENT SETTING FORTH THE DATE OF DENIAL OR REVOCATION, THE STATE IN WHICH THE ACTION OCCURRED, AND THE GROUNDS FOR THE ACTION.)

SIGNATURE OF APPLICANT

DATE SIGNED

***A responsible managing employee license is only valid for as long as such responsible managing employee is employed by the certifying service company. This license must be turned in to the service company upon termination. It is the responsibility of the service company to immediately return the responsible managing employee license to the Division of Building Safety.**

MANUFACTURED HOME SERVICE RESPONSIBLE MANAGING EMPLOYEE CERTIFICATION

I HEREBY CERTIFY THAT THE ABOVE APPLICATION IS A BONA FIDE EMPLOYEE OF:

PRINT OR TYPE MANUFACTURED HOME SERVICE NAME

TELEPHONE #

LICENSE #

PHYSICAL ADDRESS

MAILING ADDRESS

SIGNATURE OF OWNER, CORPORATION OFFICER, OR DESIGNATED PERSON

DATE SIGNED

DEPARTMENT USE ONLY

CHECK # _____

LICENSE # _____

DATE ISSUED _____